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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **PU040098**
First Named Inventor **Jill MacDonald Boyce et al.**

COMPLETE IF KNOWN

Application Number **/**
Filing Date
Group Art Unit
Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR COMPLEXITY SCALABLE VIDEO ENCODER

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **March 31, 2005** as United States Application Number or PCT International

Application Number **PCT/US2005/011359** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
US 60/558,862	April 2, 2004	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	24498	OR	<input checked="" type="checkbox"/> Correspondence address below
Name	JOSEPH S. TRIPOLI				
Address	THOMSON LICENSING INC.				
Address	PO Box 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA	Telephone	609-734-6807	Fax	(609) 734 - 6888
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	JILL MACDONALD	Family Name BOYCE or Surname			
Inventor's Signature	<i>Jill MacDonald Boyce</i>				Date 6/1/05
Residence: City	Manalapan	State	New Jersey	Country	US
Mailing Address					
Mailing Address 3 Brandywine Court					
City	Manalapan	State	New Jersey	ZIP	07726
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	ALEXANDROS MICHAEL	Family Name TOURAPIS or Surname			
Inventor's Signature					Date
Residence: City	Santa Clara	State	CA	Country	US
Mailing Address		Citizenship GR			
Mailing Address 1550 Vista Club Circle, #304					
City	Santa Clara	State	California	ZIP	95054
Country		US			
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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Inventor's Signature					Date
Residence: City	Manalapan	State	New Jersey	Country	US
Citizenship	US				
Mailing Address					
3 Brandywine Court					
City	Manalapan	State	New Jersey	ZIP	07726
Country	US				
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	ALEXANDROS MICHAEL	Family Name or Surname	TOURAPIS		
Inventor's Signature					Date
					05/31/2005
Residence: City	Santa Clara	State	CA	Country	US
Citizenship	GR				
Mailing Address					
1550 Vista Club Circle, #304					
City	Santa Clara	State	California	ZIP	95054
Country	US				
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